

# Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

FILE Date Stamp  
JUL 20 2006  
COVER PAGE - LONG FORM  
CALIFORNIA FORM 460

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Statement covers period from 05/21/2006 through 06/16/2006	Date of Election if applicable (Month, Day, Year) 06/06/2006	REGISTRAR OF VOTERS By <i>[Signature]</i> Deputy	For Official Use Only
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## 1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee
- ☐ Ballot Measure Committee
- ☐ State Candidate Election Committee
- ☐ Primarily Formed
- ☐ Recall
- ☐ Controlled
- ☐ Sponsored
- ☐ General Purpose Committee
- ☐ Primarily Formed Candidate Officeholder Committee
- ☐ Sponsored
- ☐ Small Contributor Committee
- ☐ Political Party/Central Committee

## 2. Type of Statement:

- ☐ Pre-election Statement
- ☐ Quarterly Statement
- ☐ Semi-annual Statement
- ☒ Special Odd-Year Report
- ☐ Termination Statement
- ☐ Supplemental Pre-election Statement - Attach Form 495
- ☐ Amendment (Explain below)

POST-ELECTION REPORT

## 3. Committee Information

I.D. NUMBER  
1241200

COMMITTEE NAME

Tom Daly 2006

STREET ADDRESS (NO. AND P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

( ) /

## Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6-18-06  
DATE

Executed on 6-18-06  
DATE

Executed on  
DATE

Executed on  
DATE

By *[Signature]*  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By *[Signature]*  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee** **6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Tom Daly

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CLERK-RECORDER, ORANGE COUNTY  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from <u>05/21/2006</u> through <u>06/16/2006</u>	CALIFORNIA FORM <b>460</b> Page <u>3</u> of <u>4</u> I.D. NUMBER 1241200
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NAME OF FILER Tom Daly, Tom Daly 2006

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>1,500.00</u>	\$ <u>13,374.00</u>
2. Loans Received ..... <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>1,500.00</u>	\$ <u>13,374.00</u>
4. Non-monetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>1,500.00</u>	\$ <u>13,374.00</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received ....	\$ <u>13,370</u>	<u>0</u>
21. Expenditures Made .....	\$ <u>2,567</u>	<u>0</u>

## Expenditures Made

6. Cash Payments ..... <i>Schedule E, Line 4</i>	\$ <u>0.00</u>	\$ <u>2,562.47</u>
7. Loans Made ..... <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>0.00</u>	\$ <u>2,562.47</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>0.00</u>	\$ <u>2,562.47</u>

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditure Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>24,221.45</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>1,500.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>0.00</u>
16. <b>ENDING CASH BALANCE</b> ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>25,721.45</u>

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>0.00</u>

**Schedule A**  
**Monetary Contributions Received**

SCHEDULE A

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>05/21/2006</u>		
through <u>06/16/2006</u>		
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I.D. NUMBER		
1241200		

NAME OF FILER Tom Daly, Tom Daly 2006

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/07/2006	Disney Worldwide Services Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G06)
06/07/2006	International Union of Operating Engineers Political Fund	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 743030	500.00	500.00	1,000.00 (G06)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 1,500.00**

**Monetary Contributions Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1,500.00
- Amount received this period - contributions of less than \$100.  
(Do not itemize.) ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 1,500.00**